

Select Dental PPO



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Allstate[®]
HEALTH SOLUTIONS

Overview

Why dental insurance?

Coinsurance plans

Copay plans

Dental network

Vision rider

Plan details

Resources



Why dental insurance?



Healthy teeth lead to a healthy lifestyle

About 30% of Americans (~76.5 million) lack dental coverage¹

Poor oral health can complicate and contribute to serious conditions, like heart disease and diabetes²

Small problems can become big expenses

- More than 1 in 4 (27%) of adults in the U.S. have untreated tooth decay³
- Nearly half of all adults aged 30 years or older show signs of gum disease³

¹Source: <https://www.carequest.org/resource-library/dental-insurance-out-reach-many>

²Source: <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

³Source: <http://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>



Coinsurance plans

Highlights

Benefits

State availability



Coinsurance plans highlights



Choose from three available plans

- Value, Plus, and Prime

No waiting periods

- Benefits available on day one

Increasing annual benefits

Orthodontia benefits available on Prime plan

Aetna Dental® Administrators network

*Note: PLANS PROVIDE LIMITED BENEFITS. Plans do **NOT** meet the pediatric dental requirements under the ACA.*



Coinsurance plans **benefits**

Benefits*	Value plan	Plus plan	Prime plan
Annual deductible ⁴	Individual: \$50 Family: \$150 (Out-of-network: \$100/\$300)	Individual: \$50 Family: \$150 (Out-of-network: \$100/\$300)	Individual: \$50 Family: \$150 (Out-of-network: \$100/\$300)
Preventive services	100% (Out-of-network: 70%)	100% (Out-of-network: 70%)	100% (Out-of-network: 70%)
Basic services	Day 1: 60% Year 2+: 80% (Out-of-network: 30%/50%)	Day 1: 60% Year 2+: 80% (Out-of-network: 30%/50%)	Day 1: 60% Year 2+: 80% (Out-of-network: 30%/50%)

Note: PLANS PROVIDE LIMITED BENEFITS. Plans do **NOT** meet the pediatric dental requirements under the ACA. | *In MS, TX, and VA, the deductible and co-insurance are the same for both in-network and out-of-network providers. | ⁴Annual deductible does **NOT** apply to in-network preventive services.



Coinsurance plans **benefits**

Benefits*	Value plan	Plus plan	Prime plan
Major services	Not covered	Day 1: 15% Year 2+: 25% (Out-of-network: 10%/15%)	Day 1: 25% Year 2+: 50% (Out-of-network: 10%/15%)
Annual maximum (per member)	Day 1: \$1,000 Year 2: \$1,500 Year 3+: \$2,000	Day 1: \$1,000 Year 2: \$1,500 Year 3+: \$2,000	Day 1: \$2,000 Year 2: \$2,500 Year 3+: \$3,000
Orthodontic (under age 19)	Not covered	Not covered	\$1,000 maximum Day 1: 15% Year 2+: 50%

Note: PLANS PROVIDE LIMITED BENEFITS. Plans do **NOT** meet the pediatric dental requirements under the ACA. | *In MS, TX, and VA, the deductible and co-insurance are the same for both in-network and out-of-network providers.



Coinsurance plans examples of covered services

Preventive services

- Evaluations
- Examinations
- Cleanings
- Fluoride treatments⁵
- Bitewing and full-mouth x-rays

Basic services

- Amalgam and resin-based composite fillings
- Simple extractions
- Emergency treatment of dental pain
- Consultations
- Denture adjustments and repairs

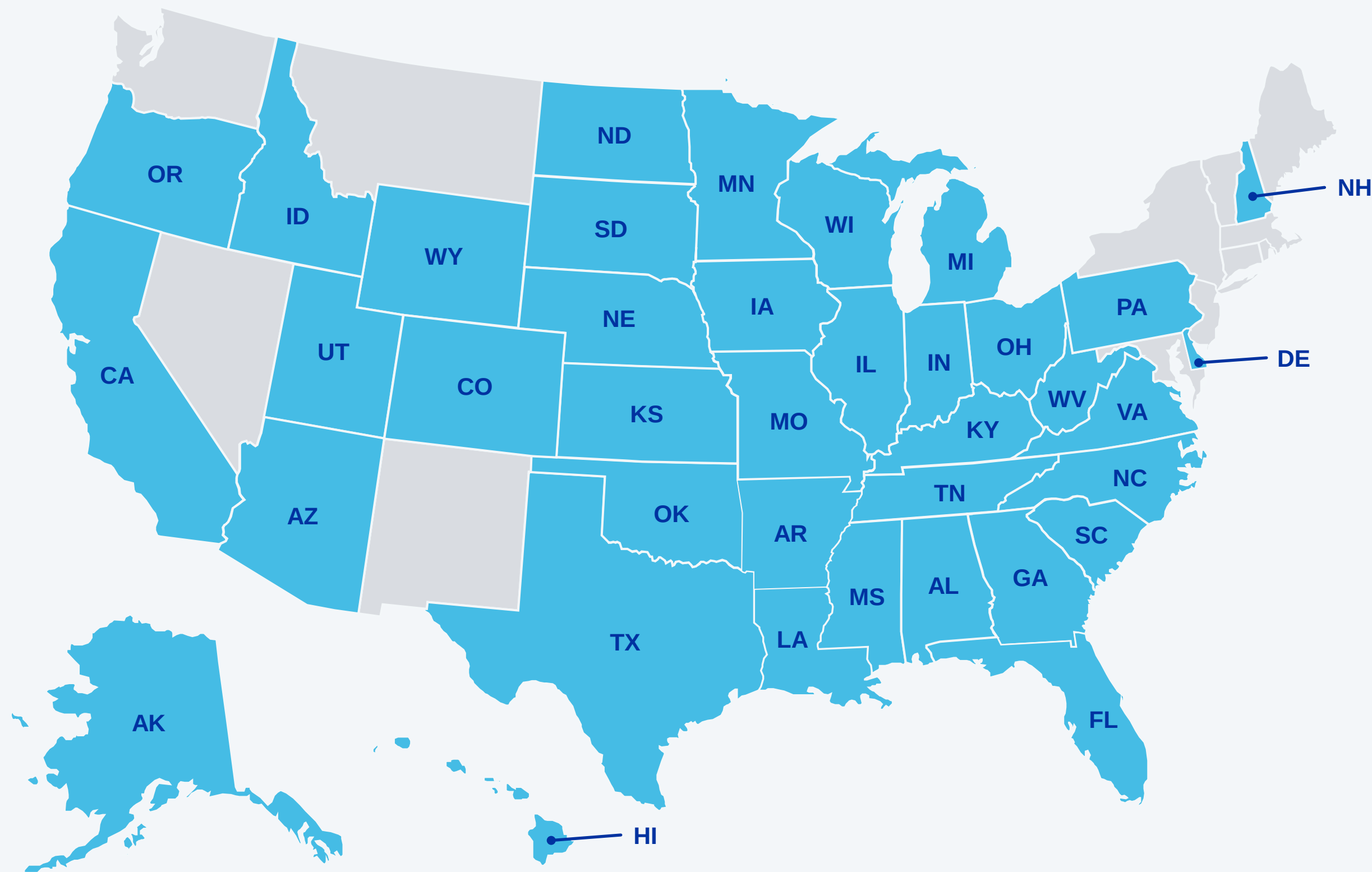
Major services⁶

- Deep sedation/general anesthesia for major services
- Crown services
- Oral surgery
- Composite fillings
- Periodontics
- Endodontics
- Dentures

Note: This is **NOT** a comprehensive list of covered services. Refer to the plan policy for a complete list of covered services. | ⁵Under 18 only. | ⁶Coverage for major services is **NOT** available on Value plan level.



Coinsurance plans state availability



*Note: Value and Plus plan levels are **NOT** available in IL. Vision rider is **NOT** available in VA.*



Copay plans

Highlights

Benefits

How the plans work

State availability



Copay plans highlights



Two available plans: Copay and Copay 2

- Copay 2 plans are only available if purchased alongside another product⁷

Members pay a flat-rate copay:

- Per visit for preventive services
- Per procedure for basic and major services

No waiting period for preventive and basic services

- No waiting period for major services on Copay 2 plan

Aetna Dental® Administrators network

Note: PLANS PROVIDE LIMITED BENEFITS. Plans do **NOT** meet the pediatric dental requirements under the ACA.
| ⁷Any Allstate Health Solutions product qualifies. LIFE Association is **NOT** a carrier product, and therefore does not qualify. Copay 2 plans **CANNOT** be sold as a standalone product.



Copay plans **benefits**

Benefits ^{*,8}	Copay plan	Copay 2 plan
Preventive services	\$50 per visit	\$0 per visit
Basic services ⁹	\$50 per procedure	Day 1: \$100 per procedure Year 2+: \$50 per procedure
Major services (tier 1) ¹⁰	\$50 per procedure (after a 6-month waiting period)	Day 1: \$125 per procedure Year 2+: \$75 per procedure
Major services (tier 2) ¹⁰	\$250 per procedure (after a 6-month waiting period)	Day 1: \$500 per procedure Year 2+: \$350 per procedure
Annual maximum (per member)	\$3,000	Unlimited

Note: PLANS PROVIDE LIMITED BENEFITS. Plans do **NOT** meet the pediatric dental requirements under the ACA. | ^{*}In MS, TX, and VA, the deductible and co-insurance are the same for both in-network and out-of-network providers. | ⁸Out-of-network subject to maximum allowable amount. | ⁹Copays are waived for deep sedation/general anesthesia during basic services. | ¹⁰Copays are waived for post and core in addition to crown; indirectly fabricated, re-fabricated post and core in addition to crown; deep sedation/general anesthesia (15-minute increments) during major services; core buildup, including any required pins.



Copay plans how the plans work



For covered services obtained in-network:

- Plans pay the negotiated rate
- Members pay copay, with no additional costs

For covered services obtained out-of-network:

- Plans pay the maximum allowable amount
- Members pay copay **and** remaining balance



Copay plans examples of covered services

Preventive services

- Evaluations
- Examinations
- Cleanings
- Fluoride treatments¹¹
- Bitewing and full-mouth x-rays

Basic services

- Simple extractions
- Consultations
- Denture adjustments and repairs
- Amalgam and resin-based composite fillings
- Emergency treatment of dental pain

Major services (tier 1)

- Oral surgery
- Composite fillings
- Periodontics
- Deep sedation/general anesthesia for major services

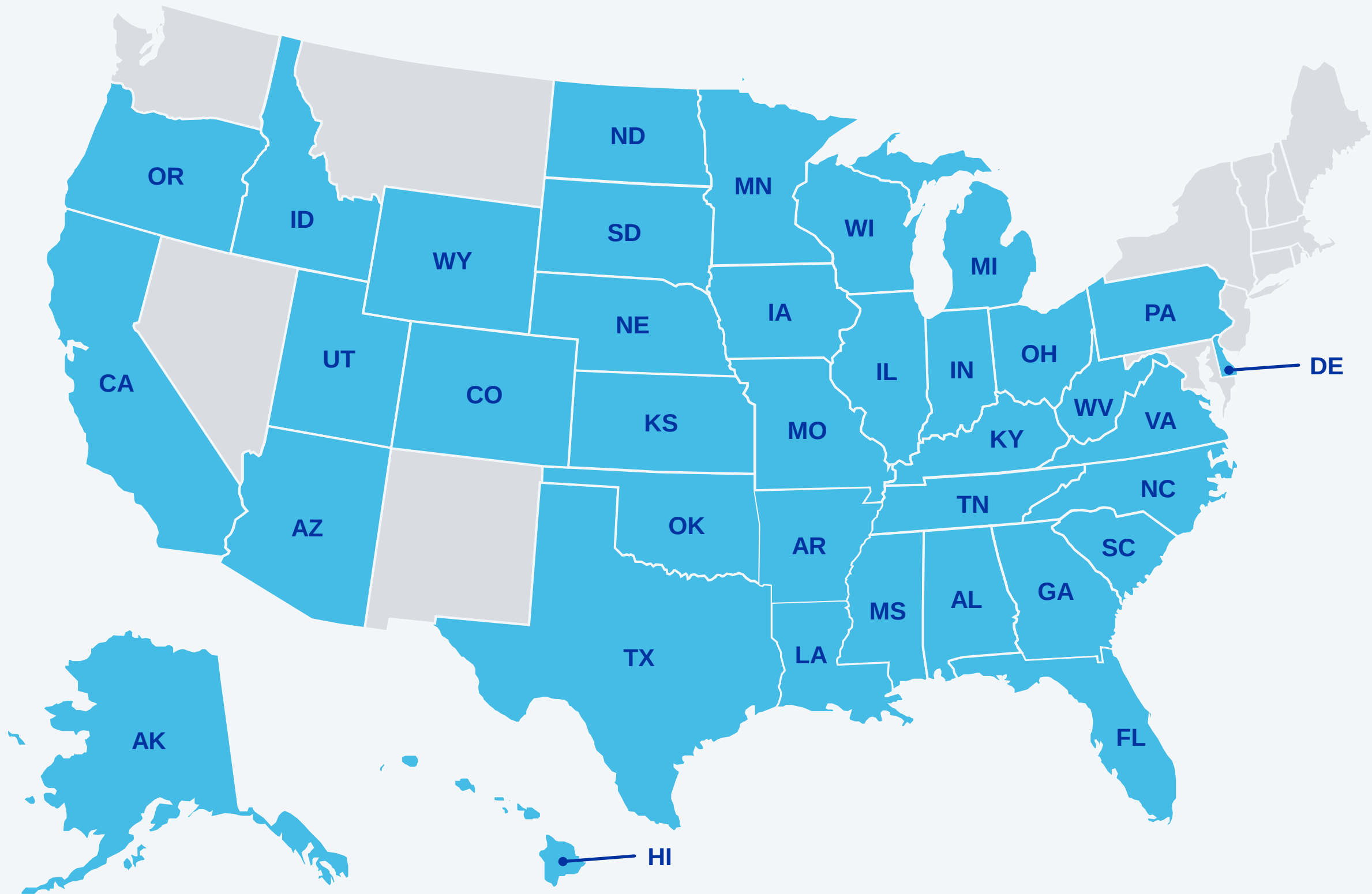
Major services (tier 2)

- Crown services
- Endodontic therapy
- Fixed prosthodontics
- Fixed partial denture pontics
- Fixed partial dental retainers (inlays/onlays)

Note: This is **NOT** a comprehensive list of covered services. Refer to the plan policy for a complete list of covered services. | ¹¹Under 18 only.



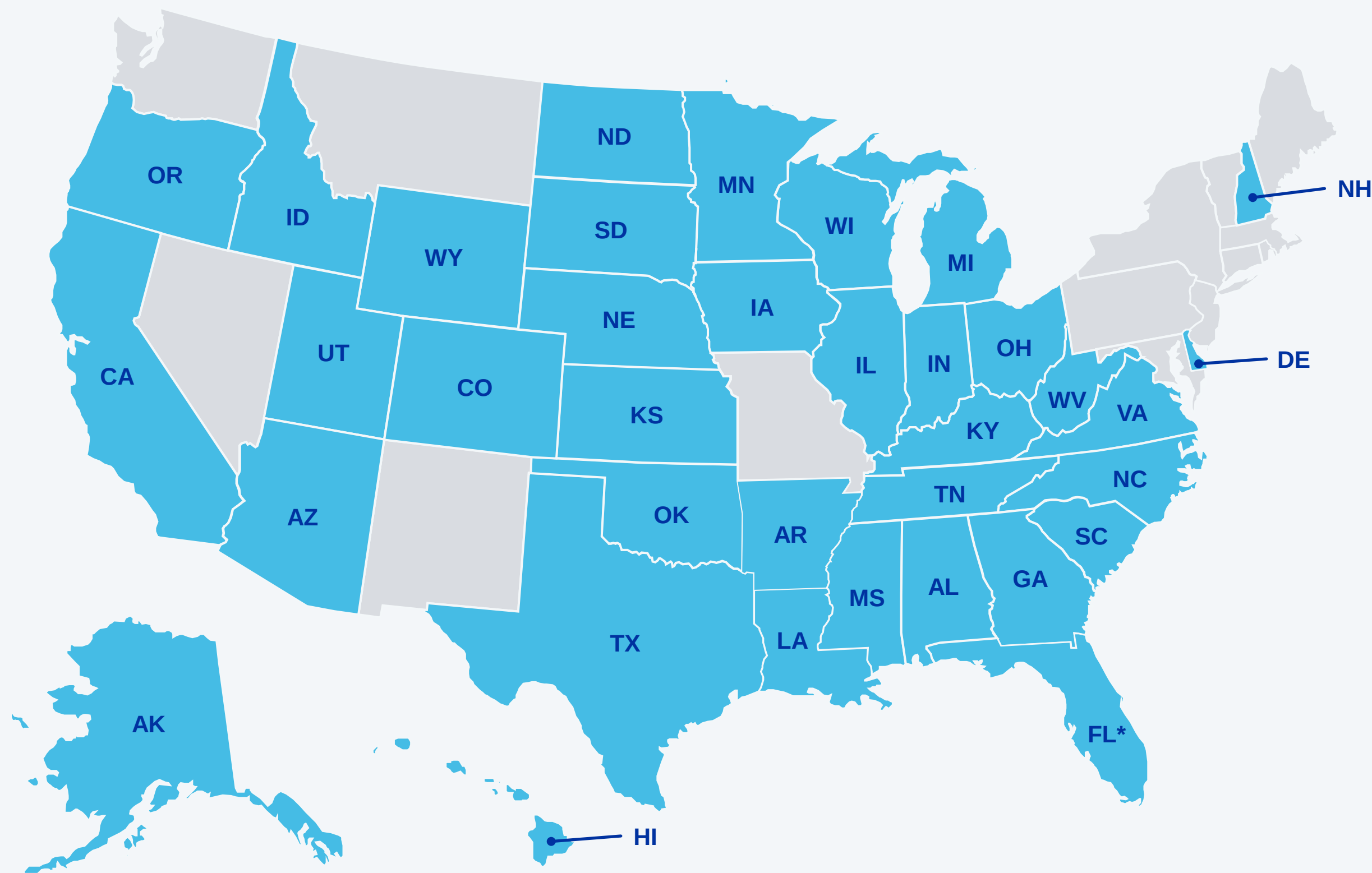
Copay plan state availability



Note: Vision rider is **NOT** available in VA.



Copay 2 plan state availability



Note: Vision rider is **NOT** available in VA. | *In FL, Copay 2 can only be sold if the total monthly rate of the other products in cart is at least \$10.



Dental network

Network

How does it work?

Provider search



Dental network



Aetna Dental® Administrators network

- Over 89,000 providers¹²
- Average discount of 43.5%¹³
- True PPO

Note: PLANS PROVIDE LIMITED BENEFITS. | ¹²According to NISS Web System as of March 2020. | ¹³Based on Aetna network internal data.



Dental network how does it work?



Members should present their ID cards to an Aetna Dental® Administrators network provider at the time of service

Value, Plus, and Prime plan members will be billed for their deductible and coinsurance amounts

- Plan pays network dentists directly, so members don't need to file a claim

Copay and Copay 2 plan members pay their copay for services

- Plan pays 100% for network services after the copay, up to the plan year maximum



Dental network provider search



Search for in-network dentists using the following URL:

- www.myallstatehealthsolutions.com/aetna/dentalppo

Provider status may vary depending on location

To confirm a provider's Aetna Dental® Administrators status:

- Verify name & address match location where member will receive treatment
- If name/address do not match, call provider directly to confirm network status



Vision rider

Highlights

Benefits

Network



Vision rider highlights



Add affordable vision coverage to any dental coinsurance or copay plan

Two plans from which to choose

- Level 1 and Level 2

Designed to help your customers pay for annual eye exams, frames, and lenses or contacts

Avēsis® Vision network

- Customers receive the best value when they use in-network providers¹⁴

*Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA. | ¹⁴Out-of-network benefits are available.*



Vision benefits

Benefits	Level 1 plan	Level 2 plan
Annual eye exam	\$15 copay (Out-of-network: up to \$35)	\$10 copay (Out-of-network: up to \$35)
Frames	Up to \$130 per 24 months (Out-of-network: up to \$70)	Up to \$200 per 12 months (Out-of-network: up to \$70)
Lenses	\$25 copay per 24 months (Out-of-network: n/a)	\$25 per 12 months (Out-of-network: n/a)

*Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA.*



Vision benefits lenses

Standard lenses	Level 1	Level 2
Single	100% after copay (Out-of-network: up to \$25)	100% after copay (Out-of-network: up to \$30)
Bifocal	100% after copay (Out-of-network: up to \$40)	100% after copay (Out-of-network: up to \$50)
Trifocal	100% after copay (Out-of-network: up to \$50)	100% after copay (Out-of-network: up to \$65)
Lenticular	100% after copay (Out-of-network: up to \$50)	100% after copay (Out-of-network: up to \$60)
Progressive	Up to \$55 (Out-of-network: up to \$40)	Up to \$135 (Out-of-network: up to \$50)

*Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA.*



Vision benefits lens package

Lens package	Level 1	Level 2
Adult & youth polycarbonate	Covered (Out-of-network: not covered)	Covered (Out-of-network: not covered)
Scratch-resistant coating	Discount ¹⁵ (Out-of-network: not covered)	Covered (Out-of-network: not covered)
UV protection	Discount ¹⁵ (Out-of-network: not covered)	Covered (Out-of-network: not covered)
Tinted lenses	Discount ¹⁵ (Out-of-network: not covered)	Covered (Out-of-network: not covered)
Anti-reflective coating	Discount ¹⁵ (Out-of-network: not covered)	Discount ¹⁵ (Out-of-network: not covered)
Adaptive tinting	Discount ¹⁵ (Out-of-network: not covered)	Discount ¹⁵ (Out-of-network: not covered)

Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA. | ¹⁵Discounts are **NOT** insured benefits. Values may differ depending on the provider's retail pricing.



Vision benefits **contact lenses**

Contact lenses	Level 1	Level 2
Non-elective	Covered (Out-of-network: up to \$210)	Covered (Out-of-network: up to \$210)
Frequency	24 months (In lieu of eyeglasses)	12 months (In lieu of eyeglasses)
Elective	Up to \$130 (Out-of-network: up to \$110)	Up to \$200 (Out-of-network: up to \$110)
Fitting exam ¹⁶	Copay: \$50 (standard) \$75 (non-standard) (Out-of-network: not covered)	Copay: \$25 (standard) \$50 (non-standard) (Out-of-network: not covered)

Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA. | ¹⁶No benefit payable for charges above this; provider cannot balance bill over copay.



Vision network



Avēsis® Vision network

- Over 80,000 access points, including the following major retailers:¹⁷
 - America's Best™
 - Costco® Wholesale
 - JCPenney Optical
 - Pearle Vision®
 - Sam's Club® Optical
 - Target® Optical
 - Visionworks®
 - Walmart® Vision Center

Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA. | ¹⁷According to Avēsis marketing brochure as of May 2019.



Vision network provider search

Customers can search for in-network providers using the following URL:

- myallstatehealthsolutions.com/avesisvision

*Note: PLANS PROVIDE LIMITED BENEFITS. Vision rider is **NOT** available in VA.*



Plan details

Eligibility

Discount rates

Limitations & exclusions

Enrollment & payment



Eligibility



Primary applicant

- Younger than age 65
- Children up to age 25 on parents' plans

Child-only applications

- Up to 18 years of age



Discount rates



Discount rates for combined sales offered to customers:

- If Select Dental PPO is attached to another Allstate Health Solutions' product at the time of purchase¹⁸
 - Discount is not available with Copay 2 plan

Provides customers with a 15% discount¹⁹

¹⁸Vision rider does **NOT** count as additional product. | ¹⁹Availability varies by state. In DE, MI, & TN, discount is 10%.



Limitations & exclusions



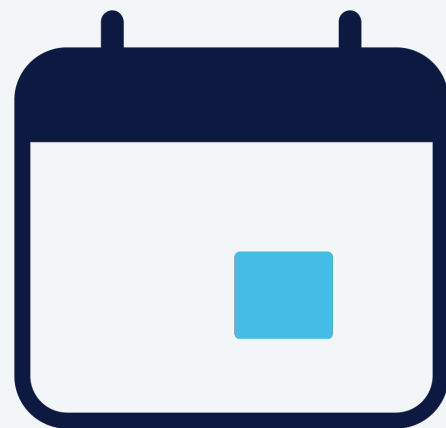
Some limitations and exclusions include:²⁰

- Procedures before effective date or after termination date of coverage
- Treatments covered by Medicare, workers' compensation, or any other government law/program
- Teeth bleaching and cosmetic services
- Experimental or investigative treatments
- Dentures and related services
- Dental implants or the removal of implants
- Orthodontic treatment²¹
- Services performed by a person other than a dental practitioner
- Services performed outside of the United States, its territories, or Canada

²⁰This is **NOT** a comprehensive list of exclusions. Please refer to the product brochure for a more comprehensive list. Always refer to the policy contract for a complete listing. | ²¹**NOT** applicable to Prime coinsurance plans only.



Enrollment & payment



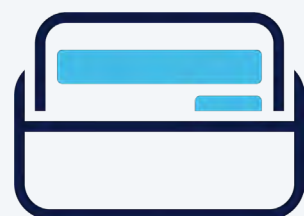
Enrollment

Any date between the 1st and the 31st
Can be as soon as the next day



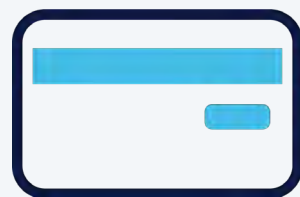
Initial payment

Any date between time of application and before effective date



Recurring payment

Can occur between the 1st and 28th of the month



Form of payment

EFT
Visa, MasterCard, or Discover



Resources

Agents
Members



Resources



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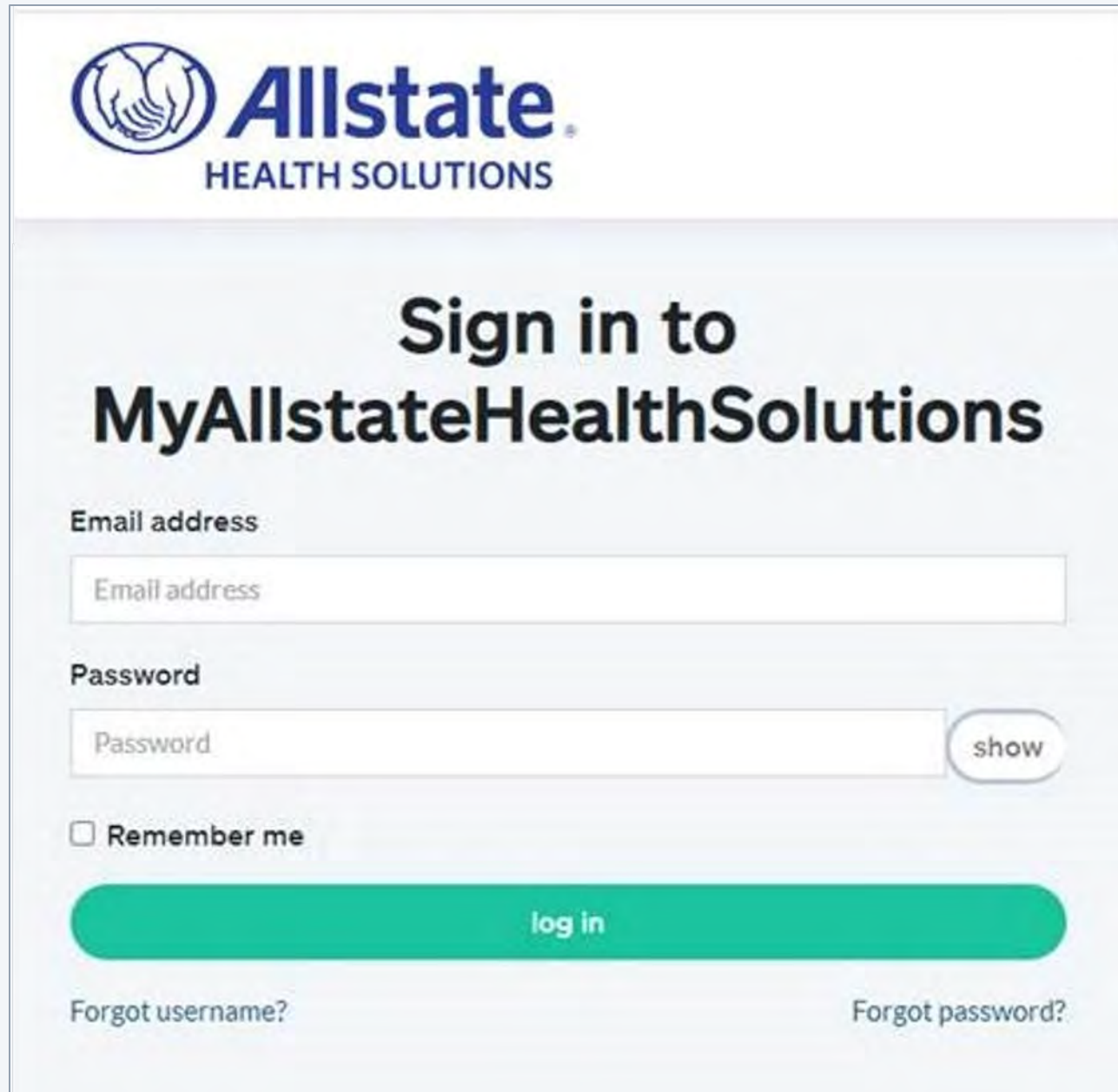
Individuals & SeniorsBusinesses / Groups



[View your policy on myallstatehealthsolutions.com](#)

The Allstate logo, featuring two hands shaking inside a circle.

Resources member portal



The screenshot shows the sign-in page for the Allstate Health Solutions member portal. At the top left is the Allstate Health Solutions logo. The main heading is "Sign in to MyAllstateHealthSolutions". Below this are two input fields: "Email address" and "Password". The password field has a "show" button next to it. There is a checkbox labeled "Remember me". A large green "log in" button is centered below the inputs. At the bottom, there are two links: "Forgot username?" and "Forgot password?".

Allstate
HEALTH SOLUTIONS

**Sign in to
MyAllstateHealthSolutions**

Email address

Email address

Password

Password show

☐ Remember me

log in

[Forgot username?](#) [Forgot password?](#)

Access using following link:

- MyAllstateHealthSolutions.com

Members sign in to:

- View policy documents
- Check current and past payments
- Check current payment method
- Download temporary ID cards



Recap Select Dental PPO

Coinsurance plans

- 3 benefit levels
- No waiting period for preventive, basic, and major services
- Orthodontic benefits included with Prime plan
- Increasing annual benefits

Copay plans

- 2 benefit levels
 - Copay 2 plans only available when purchased alongside another product
- No waiting period for preventive and basic services
- No waiting period for major services on Copay 2 plan
- Flat copay per preventive visit or per basic/major procedure

All Select Dental PPO plans

- Optional vision benefits²²
- Aetna Dental® Administrators network
- Up to age 65 and child-only policies

²²Vision rider is **NOT** available in VA.



Why Allstate Health Solutions?



- Roots back to 1939
- Given an A+ rating by AM Best
- Specialist in both Short Term Medical and supplemental insurance plans



Questions?

Email:

NGAHTraining@NGIC.com

